CAMS USER ID REQUEST FORM ALLOW 3-5 DAYS FOR CAMS/ITC PROCESSING

NOTE: All users must be entered in the NOAA Locator prior to requesting access to CAMS. Submissions and updates to the NOAA Locator can be sent to noaa.locator@noaa.gov.



| Date of Request: | | | |
|--------------------------------|-------------------------------------|--|-----------------------------------|
| Access: | | | |
| Requested Action: | | a | |
| Entity Type: | | Specify: | |
| NOTE: If you are not a NOAA em | ployee, you will be contacted for y | our Social Security Number | |
| User's Name: | | | |
| Office Phone: | | Office Fax: | |
| Line Office: | | Routing Code: | |
| Office Address: | | | |
| E-mail Address: | | M | |
| Servicing Administrative | Support Center: | | |
| Supervisor's Name: | | Office Phone: | |
| Supervisor's Signature: | | Date: | |
| (Electronic submissions | must be forwarded by the Su | pervisor to serve as the Supe | rvisor's signature and approval.) |
| Sys. Adm.'s Name: | | Office Phone: | |
| Using the drop down lis | - | e select the appropriate uare requesting access. | ser role for the CAMS module |
| Accounts Payable: | | General Ledger: | |
| AP Standard Interface: | | Loans: | |
| Budget: | | Labor: | |
| Data Warehouse: | | Personal Property: | |
| Grants: | | Real Property: | |
| Accounts Receivable: | | Discoverer: | |
| Reimbursable Agreements: | | Special User: (Specify) | |
| Commerce Purchase Card | System: | | |
| Summary Level Transfers | x: | | |
| Application Manager: | Client Services | Office Phone: | 301-427-1023 |

Submit signed requests to the CAMS Client Services Help Desk via **FAX on 240-632-2886**. E-mail submissions require Adobe Acrobat software and must be forwarded by the user's Supervisor to serve as the Supervisor's signature and approval. Forward e-mail submissions to clientservices@noaa.gov.